



Exhibit

Test Results

Date Results Transmitted: 2019-04-17 5:30 AM

Transmitted By: BD

Participant/Donor: LINDSAY BRADBURY

SSN/EID: *****4954

CCF/Specimen ID: 2054539602

Specimen Type: URINE

Company: SHERWOOD UC CONWAY AR

Location: SHERWOOD UC CONWAY AR

Lab Account Number: G5N.ONS.C.DEFNON

Reason for Test: RANDOM

Date Specimen Collected: 2019-04-11

Laboratory: Clinical Reference Lab

Collection Site: Sherwood Urgent Care - Conway

Collection Site Phone: 5015058400

Program: NONDOT

Date MRO Received CCF Copy 2: 2019-04-15

Date Test Verified by MRO: 2019-04-17

Test Results

Panel - CRLSTAT (URINE) - AMPHETAMINES/METHAMPHETAMINES CONFIRMATION W286

Drug	Results	Screen	Confirm	Levels
Amphetamines	POSITIVE			
- Amphetamine	POSITIVE		500	17859
- Methamphetamine	POSITIVE		500	>20000

Panel - CRLSTAT (URINE) - METHADONE CONFIRMATION W302

Drug	Results	Screen	Confirm	Levels
Methadone	NEGATIVE			

MY DETERMINATION/VERIFICATION IS: NON-CONTACT POSITIVE

Conditions/Comments

Donor does not respond to our telephone attempts or has provided a number that is not accepting calls.

Certified Medical Review Officer

Steven Paschall M.D.

The information contained in this message is CONFIDENTIAL and is for the intended addressee only. Any unauthorized use, dissemination of the information, or copying of this message is prohibited. If you believe you have received the message in error, please contact our Client Services Department at null and delete the message without copying or disclosing it.

7160 Graham Road, Indianapolis, IN 46250 | Phone: 317-547-8620 | Fax: 317-983-7212



Cristat

SPECIMEN ID NO.

2034539602



CLINICAL REFERENCE LABORATORY

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN

381-111-1111

Name

(First, MI, Last)

Bradbury

D. Reason for Test:

☐ Pre-employment

☒ Random

☐ Reasonable Suspicion/Cause

☐ Post Accident

☐ Return to Duty

☐ Follow-up

☐ Other (specify)

E. Collection Site Name, Address:

Collector Phone No.

Collector Fax No.

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, enter remarks

Specimen Collection

☒ Cup

☐ Split

☐ Oral Fluid

☐ Other

(Enter Remarks Below)

☐ Observed

(Enter Remarks Below)

Alcohol Screen: ☐ Negative ☐ Positive Collector Initials:

If Alcohol Screen is positive, carefully follow instructions.

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 4

STEP 4: COMPLETED BY DONOR

I consent to have my specimen collected by the named collector, analyzed, including drug analysis, by Clinical Reference Laboratory, Inc., its employees, agents, and/or representatives ("CRL"); and the results of that analysis made available to the above named Company/Employer and/or their designee. I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; that each specimen container used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen container is correct.

Date of Collection

04/11/2019

Mo. Day Year

DOB

01/11/1988

Mo. Day Year

Signature of Donor

Phone Number

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in step 4 above was collected, labeled, sealed and released as noted.

Time and Date of Analysis

04/11/2019 AM PM

Mo. Day Year

SPECIMEN BOTTLE(S) RELEASED TO:

On Site Analyst

* "Short Term Storage" or On-Site Analyst *

STEP 6a: TO BE COMPLETED BY ON-SITE ANALYST

SCREENING DEVICE UTILIZED

Device Name: ☒ CRLSTAT, or ☐ OTHER

Test Panel Number ☐ 5, ☐ 7, ☐ 9, ☐ 10, or ☐ OTHER

Lot Number:

PZ-01096

Expiration Date:

09/20/20

Mo. Year

STEP 6b: TO BE COMPLETED BY ON-SITE ANALYST

RESULT:

☒ NEGATIVE

Amphetamine / Methamphetamine

Methadone

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER

determination/verification is:

☐ Negative

☐ Positive

☐ Test Cancelled

☐ Refusal To Test because:

☐ Adulterated

☐ Substituted

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date